



**Virginia Remodelings.Com**  
 "A Remodel For Less By Rick Company"  
 703-372-6393



# Kitchen Remodel Checklist



Before you start your remodeling project, review this checklist to make sure you've covered all the necessary bases.

## Set your budget

My budget for this project:

\$ \_\_\_\_\_

▶ **TIP** For best resale value, budget between 10-20% of your home's market value.

## Target completion date:

▶ **TIP** A typical remodel takes about 6-8 weeks.

## Do it yourself (DIY) or hire a pro?

Decide what you can do yourself to save money, and which jobs are better left to the pros.

|                     | DIY                            | PRO                            |
|---------------------|--------------------------------|--------------------------------|
| Demolition          | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Design Inspiration  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Dishwasher          | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Faucets             | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Floor Plan Design   | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Flooring            | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Installing Cabinets | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Painting            | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Sink                | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Wiring/Lighting     | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

## Assess your wants or needs

Here's where you determine what you *really* need vs. what you want.

|             | WANT                           | NEED                           |
|-------------|--------------------------------|--------------------------------|
| Appliances  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Backsplash  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Cabinets    | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Countertops | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Doors       | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Electrical  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Faucets     | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Flooring    | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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|                   | WANT                           | NEED                           |
|-------------------|--------------------------------|--------------------------------|
| Garbage Disposal  | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Lighting Fixtures | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Plumbing          | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Sinks             | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Walls             | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Windows           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

## Select your faucet

► **TIP** Explore our online tool: [www.moen.com/faucetselector](http://www.moen.com/faucetselector)

Style (Basic, Clean & Contemporary, Classic, Sleek & Sophisticated) \_\_\_\_\_

Price \_\_\_\_\_

Finish (Black, Bronze, Brushed Nickel, Chrome, Spot Resist™, Stainless, White) \_\_\_\_\_

Features (Single Handle, Two Handles; High Arc, Low Arc; Pullout) \_\_\_\_\_

Optional Features (Secondary Kitchen Faucet, Pot Filler, AquaSuite) \_\_\_\_\_

Sink Installation (Centerset, Single Hole/Mount, Widespread, Wall Mount) \_\_\_\_\_

► **TIP** Type of faucet will determine # of holes (1-4)

## Choose your materials

(Brick, Ceramic, Granite, Laminate, Stainless Steel, Tile, Wood)

Appliances \_\_\_\_\_

Cabinets \_\_\_\_\_

Countertops \_\_\_\_\_

Flooring \_\_\_\_\_

|                                | YES                            | NO                             |
|--------------------------------|--------------------------------|--------------------------------|
| Applied for necessary permits? | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Take "before" photos           | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Take "after" photos            | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |